

Influenza Severe Illness or Death in Pregnant or Post-Partum Women

Name (last, first):	PATIENT DEMOGRAPHICS			
Address: City/State/Zip: Phone (horne): Phone (work): Employer/School: Race: White DBlack/Afr. Amer. Alternate contact: Parent/Guardian Spouse Other Name: Phone: Phone: Phone Private health insurance Self-pay Medicaid Unknown Investigator Start Date: Investigator Start Date: Learning of the probable Suspect			Birth dat	e: / / Age:
Phone (home):				
Cocupation/grade:	City/State/Zip:		Ethnicity	: Not Hispanic or Latino
Cocupation/grade:	Phone (home):	Phone (work) :		☐Hispanic or Latino ☐U
Name:	Occupation/grade:	Employer/School:	Race:	
Other Unknown Insurance type (a):				
Insurance type (a):	Name:	Phone:		
Self-pay	Incurance type	□ Private health insurance		Liother Li Unknown
Uninsured Unknown INVESTIGATION SUMMARY Local Health Department (Jurisdiction):				
Local Health Department (Jurisdiction): Investigator : Investigator : Investigator : Investigator start Date: / / _				
Investigator:				
Investigator:			Entered	in WVEDSS? □Yes □No □Unk
Earliest date reported to LHD: _/ _/ Earliest date reported to DIDE: _/ _/	Investigator :	Investigator phone:	WVEDSS	ID:
Earliest date reported to DIDE: _/ _/		_		
Physician Name:Physician Facility:	Earliest date reported to LHD://		☐ Confir	med □ Probable □ Suspect
Physician Name:Physician Facility:	Earliest date reported to DIDE: / /		□ Not a	case
Physician Name:Physician Facility :		_	L Not a	case in Olikilowii
Physician Address: Phone Number: CLINICAL Onset date (9):/ Diagnosis date:/ Recovery date:/ Y N U		Physician Facility :		
Phone Number: CLINICAL Onset date (9):/ Diagnosis date:/ Recovery date:/ Y N U				
Onset date (9):/ Diagnosis date:/ Recovery date:/ Y N U	Phone Number:			
Y N U Notation in medical record of "high risk" pregnancy classification (4) Hospitalization	CLINICAL			
□ □ Notation in medical record of "high risk" pregnancy classification (4) Hospitalization				
Hospitalization	Onset date (9)://	Diagnosis date://	Reco	overy date://
Hospital name & address: Admit date://	Y N U			
Hospital name & address: Admit date://	Y N U Notation in medical record of "h			
Admit date:/ / (18)	Y N U D D Notation in medical record of "h Hospitalization	nigh risk" pregnancy classification (4)		
Y N U □ □ Admitted to ICU? (19) □ □ More than one ICU admission (e.g. transfer or readmission) for this illness? (20) Date of initial ICU admission (21)// Total days in ICU (22)// Date of hospital discharge/death (23)// Y N U □ □ Maternal death (24) □ □ Underlying medical conditions/risk factors (5) Check all that apply □ None □ Asthma □ Other chronic lung disease	Y N U ☐ ☐ Notation in medical record of "It Hospitalization ☐ ☐ Hospitalized for this illness (1)	nigh risk" pregnancy classification (4)		
□ □ Admitted to ICU? (19) □ □ More than one ICU admission (e.g. transfer or readmission) for this illness? (20) Date of initial ICU admission (21)/ Total days in ICU (22) Date of hospital discharge/death (23)/_/ Y N U □ □ □ Maternal death (24) □ □ Underlying medical conditions/risk factors (5) Check all that apply □ None □ Asthma □ Other chronic lung disease	Y N U ☐ ☐ ☐ Notation in medical record of "h Hospitalization ☐ ☐ ☐ Hospitalized for this illness (15) Hospital name & address:	nigh risk" pregnancy classification (4)		
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☐ Asthma ☐ Other chronic lung disease	Y N U ☐ ☐ ☐ Notation in medical record of "Notation in medic	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		
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	Y N U ☐ ☐ ☐ Notation in medical record of "Notation in medic	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		
☐ Gestational diabetes	Y N U ☐ ☐ ☐ Notation in medical record of "fe Hospitalization ☐ ☐ ☐ Hospitalized for this illness (12) Hospital name & address: Admit date:// (18) Y N U ☐ ☐ ☐ Admitted to ICU? (19) ☐ ☐ More than one ICU admission Total days in ICU (22) Date of hospital discharge/death (23) Y N U ☐ ☐ ☐ Maternal death (24) ☐ ☐ ☐ Underlying medical conditio ☐ None ☐ Asthma ☐ Other chronic lung disease	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		
	Y N U Hospitalization Hospital name & address: Admit date://	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		
☐ Metabolic disorder	Y N U Hospitalization Hospital name & address: Admit date:/	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		
LE LADESTA TOTOL TO DIEPUATION	Y N U ☐ ☐ ☐ Notation in medical record of "Notation in medic	nigh risk" pregnancy classification (4) Discharge date:// n (e.g. transfer or readmission) for this illn (21)/_/		

Cardiovascular disease, excluding hypertension						
Rear disorder including seizure disorder Tobacco use during pregnancy Immunosuppression, specify Immunosuppression Immunosuppression, specify Immunosuppression Immunosuppr	☐ Cardiovascular disease, excluding hypertension					
Tobacco use during pregnancy						
Immunosuppression, specify Cancer diagnosed in last year Cancer diagnosed year. Cancer diagnosed year diagnosed year Cancer diagnosed year diag	• • • • • • • • • • • • • • • • • • • •					
□ Immunosuppression, specify □ Cancer diagnosed in last year □ Hematologic disorder (e.g., hemoglobinopathy) □ Hepatic disorder □ Substance abuse during current pregnancy (e.g. alcohol, illegal drug use) □ Psychiatric disorder □ Renal disease □ Other, specify □ Unknown Prenatal medications upon admission to hospital pq □ □ Other medications upon admission to hospital pq □ □ Other medications during hospitalization(s) if yes check all that apply pso □ Vasopressors □ Antibiotics □ Antipyretensives □ Systemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) □ Nebulized drugs (e.g. albuterol) □ Antiepileptics □ Antipyretensives □ Societal vasopressors □ Diuretics □ Narcotic analgesic □ Sedative □ Antifungal □ Other □ Swas she diagnosed with pneumonia? pos Ves date / / □ If pneumonia, check all known types/results of respiratory cultures. List organisms if known V N U P U U U U U U U U U U U U U U U U U			re disorder			
Cancer diagnosed in last year Hematologic disorder (e.g., hemoglobinopathy) Hepatic disorder Hepatic	☐ Tobacco use during pregn	ancy				
Hematologic disorder (e.g., hemoglobinopathy)	☐ Immunosuppression, spec	cify				
Hepatic disorder Substance abuse during current pregnancy (e.g. alcohol, illegal drug use) Psychiatric disorder Psychiatric disor	☐ Cancer diagnosed in last y	/ear				
Substance abuse during current pregnancy (e.g. alcohol, illegal drug use) □ Psychiatric disorder □ Renal disease □ Other, specify □ Unknown Prenatal medications upon admission to hospital (6) Y N U □ Other medications during hospitalization(s) if yes check all that apply (23) □ Vasopressors □ Antibiotics □ Antibiotics □ Antibypertensives □ Systemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) □ Nebulized drugs (e.g. albuterol) □ Antiepileptics □ Antigycemics □ Tocolytic agents □ Diuretics □ Narcotic analgesic □ Sedative □ Antifungal □ Other □ Uses she diagnosed with pneumonia? (28) □ If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U □ Bacterial □ □ □ Uses □ Date of intubation (27) □ Uses Did she require mechanical ventilation(27) □ Date of intubation Number of days □ Uses Did she require mechanical ventilation (28) □ Uses Did she require mechanical ventilation (29) □ Uses	☐ Hematologic disorder (e.g	g. hemoglob	oinopathy)			
Psychiatric disorder Renal disease Other, specify Unknown Prenatal medications upon admission to hospital (8) V N U Other medications during hospitalization(s) if yes check all that apply (25) Avasopressors Antibiotics Antihypertensives Systemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) Nebulized drugs (e.g. alluterol) Antiepileptics Antiguyemics Tocolytic agents Diuretics Antifungal Other Was she diagnosed with pneumonia? (28) Yes date // If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U Bacterial P N U Day Systemic and the require mechanical ventilation (27) Date of intubation ANDS? Yes date // Gestational age at admission (weeks) (9) Wiral Date of intubation Number of days Y N U Date of intubation Number of days V N U Date of intubation Number of days Other if multiple gestation? (e.g. twins, triplets) Number Note: if multiple gestation pregnancy fill out clinical information on each infant Date of delivery (spontaneous/elective abortion): (28) (28) (28) Other (specify) Date of delivery (28) (28) (28) Undelivered Date of delivery (28) (28) (28) Undelivered Date of delivery (28) (28) (28) (28) Undelivered Date of delivery (28) (28) (28) (28) Unknown Other delivery (28) (28)	☐ Hepatic disorder					
Renal disease Other, specify Other, specify Other, specify Other, specify Other medications upon admission to hospital (6) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) if yes check all that apply (25) Other medications during hospitalization(s) Other medications during hospitalization(s) Other death Other Othe	☐ Substance abuse during c	urrent preg	nancy (e.g. alcohol,	illegal drug use)		
□ Other, specify □ Unknown Prenatal medications upon admission to hospital (6) Y N U □ □ □ Other medications during hospitalization(s) if yes check all that apply (25) □ Vasopressors □ □ Antibiotics □ □ Antihypertensives □ Systemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) □ Nebulized drugs (e.g. albuterol) □ Antiepileptics □ Antiglycemics □ Tocolytic agents □ Diuretics □ Narcotic analgesic □ Sedative □ □ Diuretics □ Other □ □ □ Was she diagnosed with pneumonia? (26) □ Other □ □ □ Was she diagnosed with pneumonia? (26) □ Other □ □ □ Bacterial □ □ □ □ □ □ □ □ Other □ □ □ Viral □ □ □ □ □ □ Other □ □ Did she require mechanical ventilation (27) □ Number of days □ Other □ □ Did she require mechanical ventilation (27) □ Number of days □ Other of delivery (spontaneous/elective abortion): (28) □ Other (spoeify) □ Other (*					
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Prenatal medications upon admission to hospital (6) Y N U Other medications during hospitalization(s) if yes check all that apply (25). Vasopressors	☐ Other, specify					
Y N U Other medications during hospitalization(s) if yes check all that apply (25) Antihypertensives Antihypertensives Osystemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) Nebulized drugs (e.g. albuterol)	☐ Unknown					
□ Other medications during hospitalization(s) if yes check all that apply (25) Vasopressors □ Antibiotics □ Antihypertensives	Prenatal medications upon a	dmission to	hospital ₍₆₎			
□ Other medications during hospitalization(s) if yes check all that apply (25) Vasopressors □ Antibiotics □ Antihypertensives						
□ Other medications during hospitalization(s) if yes check all that apply (25) Vasopressors □ Antibiotics □ Antihypertensives						
□ Vasopressors □ Antibiotics □ Antihypertensives □ Systemic corticosteroids, if yes, specify reason (maternal health or fetal lung maturity) □ Nebulized drugs (e.g. albuterol) □ Antiepileptics □ Antiglycemics □ Tocolytic agents □ Diuretics □ Narcotic analgesic □ Sedative □ Antifungal □ Other □ □ Was she diagnosed with pneumonia? (26) □ Yes date// □ If pneumonia, check all known types/results of respiratory cultures. List organisms if known Yes date// □ □ Bacterial □ □ □ □ □ □ Fungal □ □ □ Fungal □ □ □ □ □ ARDS? Yes date// Number of days Pregnancy Estimated due date (7) Date of intubation (27) Number of days Pregnancy Estimated due date (7)		ns during h	ospitalization(s) if ye	s check all that apply	(25)	
Nebulized drugs (e.g. albuterol)				• • • •		
□ Tocolytic agents □ Diuretics □ Narcotic analgesic □ Sedative □ Antifungal □ Other □ □ Was she diagnosed with pneumonia? (26) □ Yes date// If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U □ □ Bacterial □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ Systemic corticosteroids,	if yes, speci	ify reason (maternal	health or fetal lung n	• • • • • • • • • • • • • • • • • • • •	
□ Tocolytic agents □ Diuretics □ Narcotic analgesic □ Sedative □ Antifungal □ Other □ □ Was she diagnosed with pneumonia? (26) □ Yes date// If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U □ □ Bacterial □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ Nebulized drugs (e.g. albu	uterol)	☐ Antiepileptics		☐ Antiglycemics	
Sedative		· · · · · · · · · · · · · · · · · · ·				
Was she diagnosed with pneumonia? 26) Yes date// If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U			☐ Antifungal		<u> </u>	
If pneumonia, check all known types/results of respiratory cultures. List organisms if known Y N U P N U P N U Gestaterial Gestaterial Gestation (27) Date of intubation Number of days Pregnancy Estimated due date (7) Gestational age at admission (weeks) (8) Y N U Gestation Pregnancy (e.g. twins, triplets) Number Note: if multiple gestation pregnancy fill out clinical information on each infant Date of delivery (spontaneous/elective abortion): (28) Delivery location (29) Gestation delivery Gestation Gestation (29) Gestation delivery Gestation (29) Gestation delivery Gestation Gestation (29) Gestation delivery Gestation Gestation (29) Gestation delivery Gestation Gestation (29) Gestation Gestation Gestation Gestation (29) Gestation Gestation Gestation Gestation (29) Gestation Ges	□ □ □ Was she diagnose	ed with pne			☐ Yes date / /	
Y N U P N U N U N U N U N U N U N U N U N U N U N U U			1 -7	ultures. List organism		
	•			<u> </u>		
□ □ □ Fungal □ □ □ □	□ □ □ Bacterial					
	□ □ □ Viral]			
Date of intubation Number of days Pregnancy Estimated due date (7) / Gestational age at admission (weeks) Y N U Multiple gestation Pregnancy fill out clinical information on each infant Date of delivery (spontaneous/elective abortion): (28) / Delivery location (29) Labor and delivery Emergency department Intensive care unit Other (specify) Undelivered Vaginal Cesarean Cesarean, emergency Cesarean, unknown if scheduled or emergency Unknown Other delivery details/complications: (31) Outcome (32)	□ □ □ Fungal					
Pregnancy Estimated due date (7)	□ □ □ ARDS?	Yes date	e//			
Estimated due date (7)	□ □ Did she require mechanical ventilation ₍₂₇₎ Date of intubation Number of days				Number of days	
Estimated due date (7)	Pregnancy					
Gestational age at admission (weeks)	Estimated due date (7)				/ /	
Y N U □ □ Multiple gestation? (e.g. twins, triplets) Number Note: if multiple gestation pregnancy fill out clinical information on each infant Date of delivery (spontaneous/elective abortion): (28)//	. ,	(weeks)		(0)		
□ □ □ Multiple gestation? (e.g. twins, triplets) Number						
Note: if multiple gestation pregnancy fill out clinical information on each infant Date of delivery (spontaneous/elective abortion): (28)/ Delivery location (29)						
Date of delivery (spontaneous/elective abortion): (28)/ Delivery location (29)						
Delivery location (29) Labor and delivery					/ /	
□ Labor and delivery □ Emergency department □ Intensive care unit □ Other (specify) □ Unknown Method of delivery (30) □ Undelivered □ Vaginal □ Cesarean □ Cesarean, emergency □ Cesarean, unknown if scheduled or emergency Other delivery details/complications: (31) Outcome (32)		15/ 6/66/146 6	2801110117. (28)			
☐ Other (specify) ☐ Unknown Method of delivery (30) ☐ Undelivered ☐ Vaginal ☐ Cesarean ☐ Cesarean, emergency ☐ Cesarean, unknown if scheduled or emergency ☐ Unknown Other delivery details/complications: (31) ☐ Unknown	, , , , , , , , , , , , , , , , , , , ,	□ Emor	gangy danartment		□ Intensive sare unit	
Method of delivery (30) ☐ Undelivered ☐ Vaginal ☐ Cesarean ☐ Cesarean, emergency ☐ Cesarean, unknown if scheduled or emergency ☐ Unknown Other delivery details/complications: (31) Outcome (32)	•	L ciller	gency department			
□ Undelivered □ Vaginal □ Cesarean □ Cesarean, emergency □ Cesarean, unknown if scheduled or emergency □ Unknown Other delivery details/complications: (31) □ Unknown				_	LI UNKNOWN	
☐ Cesarean, emergency ☐ Cesarean, unknown if scheduled or emergency ☐ Unknown Other delivery details/complications: (31) Outcome (32)	- 7	Г				
Other delivery details/complications: (31) Outcome (32)						
Outcome (32)				/ □ Unknown		
	Other delivery details/complications: (31)					
☐ Live birth ☐ Still birth ☐ Spontaneous abortion	Outcome (32)					
	☐ Live birth					

☐ Undelivered fetal demise		☐ Unknown		
□ □ □ Did the mother ta	ke antiviral medications after b	ecoming ill (check	all that apply	')? ₍₁₇₎
☐ Oseltamivir				
☐ Zanamivir				
Rimantadine				
☐ Amantadine				
☐ IV Peramivir				
Other				
☐ Unknown antiviral	Infant Clinic	al Information		
Gestational age at delivery (w		aimormation		
Infant birth weight (35):		Date of infant ho	spital discha	rge ₍₄₁₎ / /
Y N U				(41)/
□ □ □ Infant 1-minute ap	ogar ₍₃₆₎			
□ □ □ Infant 5-minute ap	ogar ₍₃₇₎			
□ □ □ Infant to NICU (38)		Date of NICU dis	charge	//
□ □ □ Infant death? (42)		Date of infant de	eath ₍₄₁₎ / _	/
Infant conditions during hosp	1			T
□ None	☐ Skin rash	Fever		
☐ Bradycardia	☐ Apnea	□ Petechiae		☐ Temperature instability
☐ Cataracts	☐ Seizures	☐ Meningitis	_	☐ Chorioretinitis
illiant Outcome (any details in	egarding isolation, antivirals, o	(48) •	
Narrative (any relevant addition	onal information on mother an	nd/or infant) (49)		
		- 7 (45)		
VACCINATION HISTORY				
Y N U				
	any influenza vaccine in 2010	or 2011 more tha	n 2 weeks be	fore onset of illness? (16)
If yes, 2009 pandemic seasons				
□ □ □ 2009 pandemic H1N				
□ □ □ 2010-2011 seasona	I flu vaccine			
LABORATORY			_	
LABORATORT				
Laboratory Name:				
Laboratory Address:				
Test			Result	
Y N U			P N U	
□ □ □ Did the mother r	eceive rapid influenza test? (11)			
□ □ □ Did the mother r	eceive rRT-PCR? (12)			
	nave any viral cultures? (13)			
□ □ □ Did the mother re	eceive DFA/IFA test? (14)			
	any influenza type or subtype?	(15)		
☐ Yes – Flu A identified/Subt	ype identified			
•		1		

^{*}Draft Template Investigation Form*

☐ Yes - Flu A identified	d/unknown Subtype				
☐ Yes - Flu B identified	t				
☐ Yes - Flu C identified	<u> </u>				
☐ No flu type known					
Y N U			Result		
	rocoivo rapid influenza tost?		<u>P N U</u>		
	receive rapid influenza test? (44)				
	receive rRT-PCR? (45)				
□ □ □ Did infant	have any viral cultures? (46)				
□ □ □ Did infant	receive DFA/IFA test? (47)				
Notes (clinical)		Notes (laboratory)			
INFECTION TIMELINE					
Instructions:	Enter onset date in grey box. Count ba	ackward to determine proba	ble exposure period		
			On	set date	
EPIDEMIOLOGIC	-	7 -1			
	Days from onset (Max Inc	cubation) (Min Incubatio	n) (₹	
	Calendar dates:/	_/ _//	<u> </u>	_/	
		1 1		□ Halmanna	
		//	<u>-</u>	☐ Unknown	
				☐ Unknown	
				Number	
1. PUBLIC HEALTH ISS	SUES	PUBLIC HEALT	H ACTIONS		
Y N U		Y N U	,		
☐ ☐ ☐ Failure to vacc		□ □ □ Isolate			
☐ ☐ ☐ Failure of vacc		□ □ □ Patient	t and contacts educ	cated	
□ □ □ Novel	atti				
□ □ □ Seasonal					
NOTES					